

Medicare Savings Programs in Alabama

Alabama has three different programs for low income individuals or couples who qualify for Medicare. The services you get depend on how much income you have. These programs pay Medicare premiums, and in some cases, Medicare deductibles and coinsurance.

To be eligible for the Medicare Savings Programs, you must:

- * Be eligible for Medicare Part A (Hospital Insurance),
- * Be living in Alabama,
- * Be a U.S. citizen, or
- * Be in satisfactory immigration status (You must provide proof of immigrant status),
- * Have a monthly income below a certain limit.

Medicare Savings Programs:

1. The Qualified Medicare Beneficiary (QMB) Program.

Under the QMB Program, Medicaid:

- * Pays the Medicare Part B premium, which is \$96.40 per month,
- * Covers the Medicare deductible, which is \$1,024 for the hospital and \$135 for doctor and medical visits, when you use a provider who accepts Medicaid,
- * Pays the Medicare Part A premium when certain conditions are met. (If you do not have free Part A, you must apply for Conditional Part A at the local Social Security Office between the months of January and March **or** the month before, after, or of your 65th birthday. Once the Social Security Office establishes your Part A entitlement, they will notify Medicaid to start paying your Part A premium. If you should receive a bill that states “you must pay the amount due or your Medicaid will terminate”, you will need to call (334) 242-5281), and
- * Makes agreements with providers who accept Medicaid so you won’t have to pay the Medicare coinsurance, which is the 20 percent that you normally pay after Medicare pays its part.

QMB coverage starts the month after you have been approved by Medicaid. You will receive a Medicaid card for the QMB Program. Give this card to your doctor or hospital when you go in for a visit. Make sure your doctor or hospital takes Medicaid.

QMB Income limits:

\$887.00 per month (gross) for **individuals** who are single, widowed, divorced, or separated,
\$1,187.00 per month (gross) for a **couple**.

If only one spouse has Medicare, then the Medicare spouse who is applying can have income of no more than \$887.00 per month and the income of both spouses combined can be no more than \$1,187.00 per month. If both spouses are on Medicare, their combined income cannot exceed \$1,187.00 per month.

2. Specified Low Income Medicare Beneficiary (SLMB) Program.

Under the Specified Low Income Medicare Beneficiary (SLMB) program, Medicaid pays:

- * The Medicare Part B premium only, which is \$96.40 per month.

You will not receive a Medicaid card for the SLMB Program. Coverage may begin up to 3 months prior to the application month, if you meet the requirements.

SLMB Income limits:

\$1,060.00 per month (gross) for **individuals** who are single, widowed, divorced, or separated,
\$1,420.00 per month (gross) for a **couple**.

If only one spouse has Medicare, then the Medicare spouse who is applying can have monthly income of no more than \$1,060.00 and the income of both spouses combined can be no more than \$1,420.00 per month. If both spouses are on Medicare, their combined income cannot exceed \$1,420.00 per month.

3. Qualified Individual-1 (QI-1) Program.

Under the Qualifying Individual-1 (QI-1) program, Medicaid pays:

- * The Medicare Part B premium only, which is \$96.40 per month.

You will not receive a Medicaid card for the QI-1 Program. Coverage may begin up to 3 months prior to the application month, if you meet the requirements. There are limited funds available and when these funds are used up, applications will be denied.

QI-1 Income limits:

\$1,190.00 per month (gross) for **individuals** who are single, widowed, divorced, or separated,
\$1,595.00 per month (gross) for a **couple**.

If only one spouse has Medicare, then the Medicare spouse who is applying can have income of no more than \$1,190.00 per month and the income of both spouses combined can be no more than \$1,595.00 per month. If both spouses are on Medicare, their combined income cannot exceed \$1,595.00 per month.

Medicaid's Medicare Advantage Managed Care Plan

There are four Medicare Advantage Plans that contract with Medicaid and offer an alternative to traditional Medicare coverage in Alabama. By enrolling with one of these plans and using a provider in their network, neither you nor Medicaid will pay any copayments, coinsurance or deductibles for Medicare services during the time that you are enrolled in the Medicare Advantage Plan. For information on these plans, contact:

Viva Health (Viva Medicare Plus)

1-888-830-8482

1-800-548-2546 (TTY/TDD)

United Healthcare (Medicare complete)

1-800-962-3799

1-866-832-8671 (TTY/TDD)

Blue Cross/Blue Shield (Blue Advantage)

1-888-578-6775

1-800-257-3384 (TTY/TDD)

Healthspring (Seniors First)

1-888-212-5475

1-877-262-9090 (TTY/TDD)

Some questions you may have about the Medicare Savings Programs in Alabama:

1. How do I apply for the Medicare Savings Programs?

Complete a Form 211 and mail to the District Office that serves the county where you live. A listing of the District Offices is on the last page of the application.

To request an application:

- (1) Call 1-800-362-1504 and follow the prompts to request a Medicare Savings Programs application. You will be asked to leave your name, mailing address, and your Social Security number. An application will be mailed to you shortly, **OR**
- (2) Go to www.medicaid.alabama.gov, Click on "Apply for Medicaid", "Applications and Forms", "Medicare Savings Programs", then download and print the application.

2. What happens to the application once it reaches the District Office?

Your application will be assigned to a caseworker who will review the information provided. You will be contacted by mail or phone if they have any questions. Please follow the instructions listed on page 1 of the application to avoid delays in processing your application. It usually takes 45 days to process an application. You will be notified by mail of the status (approval or denial) of your application.

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3. If I am approved for a Medicare Savings Program, how is Medicare Part D affected?

If you are awarded a Medicare Savings Program, you automatically qualify for “extra help” in paying your Medicare Part D (drug) premiums and deductibles. You may only have to pay a small co-pay for each drug; however, you will need to choose a Medicare Part D drug plan. If you need help in choosing a drug plan, please call 1-800-633-4227. If you are eligible for Medicare Part A or Part B, Medicaid will not pay for any drugs covered under Medicare Part D. In addition, Medicaid will not pay for any drugs excluded from Medicare Part D coverage, unless you also qualify for full Medicaid benefits.

4. Once I am approved for one of the Medicare Savings Programs, what type changes am I responsible for reporting to Medicaid?

- (1) Call 1-800-362-1504 to report changes in your address, marital status, or your sponsor’s address.
- (2) Call your caseworker to report changes in your income, if you start or stop paying health insurance premiums, if your check amount increases or decreases, or when you start receiving a check from another source not already reported. To find out the name and phone number of your caseworker call 1-800-362-1504.

5. How long does it take Social Security to stop taking the Part B premium out of my check?

It will take about three to four months for Social Security to stop taking the Part B premium out of your check. Once the premium is stopped, you will get a refund of all the premiums taken out of your check for the months you were deemed eligible for a Medicare Savings Program. Your refund check will be a separate check from your monthly Social Security check. If after 4 months from the month you were approved for a Medicare Savings Program, Social Security continues to take out the Part B premium from your check, please contact the Medicaid Agency’s Buy-In Unit at 334-242-5281.